SUPPLEMENT
TO THE
BRITISH MEDICAL JOURNAL

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Two members to be nominated by the Society of Medical Officers of Health.
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One member to be appointed by each Division situated wholly in Wales, including Monmouthshire.
With power to co-opt not more than two.

THE INSURANCE MEDICAL SERVICE WEEK BY WEEK

Charging of Fees: Insured Persons in Hospital

It is very important that the reference to this matter in the report of the June meeting of the Insurance Acts Committee, which appeared in the *Supplement* of July 6th, 1935, should be carefully read by insurance practitioners. The chairman of the committee had reported a conversation which he had had with officers of the Ministry on the subject of charging fees to insured persons who are patients in hospitals with restricted medical staffs. At that interview the representatives of the Insurance Acts Committee learned that the legal advisers to the Minister had expressed the opinion that the treatment of an insured person by an insurance practitioner in hospital with a restricted medical staff must in future be regarded as treatment given under the National Health Insurance Acts, except where the hospital might happen to be outside the radius of the practice of the insurance practitioner concerned. It was decided at the meeting of the Insurance Acts Committee to send a strong representation to the Minister that the interpretation accepted by the Department for so many years—that an insured person on admission to a hospital with a restricted medical staff was outside the scope of medical benefit—was an eminently sensible interpretation, and that the view now put forward by the legal advisers offered no real advantage or protection to insured persons. It was further decided to represent that there was no evidence of abuse or improper charging of fees under the old interpretation, and that the new one would raise and reopen numerous questions relating to anaesthetics, drugs, temporary residents, and emergencies, and that, generally, a reversal of practice would be so serious and widespread that it was desirable that the regulations should be altered to legalize the previous interpretation. The Minister has been asked, if necessary to this end, to receive a deputation on the subject.

Insulin—Standardization

The following appears in the report of the Pharmacy Subcommittee of the London Local Medical and Panel Committee under the heading "Insulin—Make and Price, and Type of Syringe supplied."

We have had under consideration two suggestions made by the physician in charge of the Diabetic Clinic, King's College Hospital, by letter and before us personally.

The first concerns the make and price of insulin prescribed by insurance practitioners. He has noticed that many insured persons are supplied with the most expensive brands of insulin. The firms producing these brands have a less expensive form in which insulin is supplied (hospital packing or analogous brand). We understand that the difference in price is merely a question of the type of packing used. He is of the opinion that the more expensive packing affords no advantage. He uses the less expensive form on all patients whatever their social status with satisfactory results, and suggests that insurance practitioners might do the same and thus effect a considerable economy without any sacrifice of efficiency. We are in agreement with the views of this physician, who is a noted authority on diabetic treatment, and think that the committee should ask the Insurance Acts Committee to request the Ministry of Health to endeavour to make the necessary arrangements with the chemists to standardize the term "insulin" so that when this is prescribed on an official prescription it shall be understood that the less expensive form is supplied.

The second suggestion is with reference to the type of hypodermic syringe supplied under the N.H.I. scheme. At present a small all-glass syringe is supplied in a metal box—the cost being 3s. 6d. It must be dismantled and boiled, or dismantled and kept in spirit for complete safety in aseptic precautions. He contends that this involves too much trouble and time for many patients, and leads to the possibility of local sepsis—possibly rare, but nevertheless the danger is there, as he has seen two fatal cases of septicaemia. Such a syringe makes injections when away from patients' homes very difficult and almost impossible. Again, sterilization of these syringes leads to frequent breakages. He suggests that insured persons should, for safety and ease, be provided with a more efficient syringe, kept permanently in spirit, in a metal spirit-proof container, which can easily be carried in the pocket. This ensures asepsis, minimizes trouble and breakages, and enables injections to be made safely under all conditions. The initial cost is more than a glass syringe (10s. 6d.), but a new barrel can be obtained for 3s. in the event of a breakage. He points out that the initial cost of the syringe is very little compared with the yearly cost of insulin. We also approve of this suggestion, and think that the matter should be taken up with the Insurance Acts Committee.

The recommendations were adopted by the London Panel Committee and transmitted to the Insurance Acts Committee.

Elastic Stocking

The Insurance Committee has been in communication with the Ministry with regard to the question of surcharging a practitioner who had ordered for an insured patient an elastic-cotton stocking which was not one of the authorized articles forming part of medical benefit. The doctor had stated that he ordered the elastic-cotton stocking in the case in question because it was more comfortable and serviceable than an ordinary bandage, which would have to be renewed, and because it was likely to last from eight to twelve months and was therefore much cheaper than ordering a series of bandages over that period. The committee took the view that the article ordered in this case might properly be regarded as a special elastic bandage, that the doctor's action had tended to reduce rather than increase the charge on the Drug Fund, and that therefore it would be unreasonable to surcharge him. The Department, in its reply, observed that it was only in view of the special circumstances that the Insurance Committee had decided not to surcharge the practitioner, and that the Department accordingly did not consider it necessary to take any further action in the matter.

SMETHWICK INSURANCE COMMITTEE

The Local Medical and Panel Committee and the Benefits Subcommittee for Smethwick have had recently to consider a resolution of the Town Council that the Government should be requested to pass legislation: "(1) enabling or compelling local authorities to institute efficient full-time midwifery services; (2) compelling midwives and doctors who practise midwifery to attend post-graduate courses; and (3) rendering insured expectant mothers eligible to receive benefit for eight weeks before and eight weeks after confinement." The Panel Committee was in agreement with the proposal for establishing an efficient full-time midwifery service, but it did not agree that doctors should be compelled to attend post-graduate courses. It considered this to be impracticable, but favoured the provision of post-graduate facilities for doctors able and willing to avail themselves of them. On Clause 3 of the resolution the Benefits Subcommittee decided that as the health insurance scheme was based on payment of benefit during incapacity for work only, and as sickness benefit was normally payable to insured pregnant women before and after confinement for unspecified periods, dependent upon incapacity, it was not desirable that the Health Insurance Acts should be amended in the manner suggested.

Hypodermic needles (not for use with insulin), capsicum wool, test tubes, and boil plasters were among the drugs and appliances prescribed recently by Smethwick practitioners on the official form. These, however, do not appear on the list of drugs and appliances which may be prescribed as part of medical benefit, and they had, therefore, to be debited to the practitioners concerned. For the quarter ended March 31st last the average cost of prescriptions per insured person on doctors' lists in this area was 10.3d., and the average number of prescriptions per insured person 1.32.

Following on representations made by the Dental Benefit Council, the Department of Health for Scotland recently held an inquiry to investigate the suitability of Mr. William Brodie, Thurso, Caithness, for service in connexion with dental benefit under the National Health Insurance Acts, and has declared that this dentist is to be regarded, until further notice, as unsuitable for such service.

Meetings of Branches and Divisions

Berks, Bucks, and Oxford Branch

A meeting of the Berks, Bucks, and Oxford Branch was held at Radcliffe Infirmary, Oxford, on June 14th, when Dr. L. Leslie was in the chair and fifty members were present. New rules of organization, as approved by the Branch council, and revised ethical rules were unanimously adopted.

The annual meeting of the Branch then followed, and the following officers were elected for 1935–6:

President, Dr. E. Mallam. *Vice-Presidents*, Drs. L. Leslie and A. G. Gibson. *Honorary Secretary and Treasurer*, Dr. D. J. B. Wilson.

Dr. Collier made an appeal for increased support for the Royal Medical Benevolent Fund and Epsom College. He suggested a friendly rivalry between the Divisions. It was agreed to pass the suggestion on to the Divisions.

The President then introduced Sir Morton Smart, whose subject was "A Memorandum on Osteopathy." An interesting discussion followed. Dr. Snell said that the Association and the profession at large were indebted to Sir Morton Smart for the evidence he had given recently before the Select Committee of the House of Lords on the Osteopaths Bill. The last word had not yet been heard on the subject, and a watchful attitude was still necessary.

Border Counties Branch

The sixty-fourth annual meeting of the Border Counties Branch was held at Carlisle on June 14th, when the following officers were elected for 1935–6:

President, Dr. G. T. Willan. *President-elect*, Dr. J. W. Smith. *Vice-Presidents*, Drs. A. W. Wakefield, C. M. Craig, O.B.E., and D. C. Welsh. *Honorary Secretary and Treasurer*, Dr. H. J. M. Milbank-Smith.

Dr. Willan then delivered his presidential address on "A Short History of the Treatment of Burns." The meeting closed with a vote of thanks to the president for his address, and the members then adjourned to tea at the invitation of Dr. Willan.

Gibraltar Branch

At the sixty-seventh meeting of the Gibraltar Branch, held on June 27th, with Major J. C. A. Dowse, *M.C.*, R.A.M.C., in the chair, Major R. A. Mansell opened a discussion with a paper on "Notes on the Prophylaxis of Common Infectious Diseases." With reference to cerebro-spinal fever Major Mansell stated that the disease did not appear clinically until the carrier rate rose above 20 per cent., and though the latter increased in direct proportion to overcrowding, it was interesting to note that the disease was a greater scourge when it appeared in military camps than in the overcrowded, unhygienic quarters of large cities. In diphtheria carriers the nasal fossae and nasopharynx were of greater importance in keeping up the infection than the tonsils. Major Mansell discussed the possibility of immunizing communities against this disease with the different kinds of toxoid. He believed that the infectivity in measles and scarlet fever was greatest just prior to the development of clinical symptoms, and consequently he favoured disinfection immediately after isolation of the patient as well as at the termination of the quarantine period.

After a lively discussion the meeting terminated with a hearty vote of thanks to Major Mansell for his paper.

Hertfordshire Branch: Barnet Division

The annual meeting of the Barnet Division was held at Old Fold Manor Golf Club on June 25th, when the following officers were elected for 1935–6:

Chairman, Dr. B. H. Stewart. *Vice-Chairman*, Dr. N. G. Thomson. *Secretary*, Dr. S. Vatcher. *Charities Secretary*, Dr. W. G. Harnett.

The meeting was followed by a most enjoyable dinner, at which thirty-one members and guests were present.

Lieut.-Col. W. L. Harnett, C.I.E., then delivered a lecture descriptive of a journey he had made in 1934 in Central Tibet. The lecturer gave a brief sketch of the physical geography of Tibet—its influence on the climate and fauna and flora of the country—and of the history of the country, explaining how Lamaism took its origin from Indian Buddhism, and the political connexion between British India and Tibet. Slides were shown illustrating the journey over the Nathu La and Tang La Passes to Gyantse, and others of Gyantse Monastery, Shigatse Dzong, Tashilhunpo Monastery, and of typical lamas, accompanied Colonel Harnett's account of monastic life, the system of theological education and its graduating degrees, the methods of choosing the Dalai Lama and other incarnate lamas, and the curious custom of hermitage. The system of polyandry was described, also the various methods of disposal of dead bodies.

Lancashire and Cheshire Branch

The annual meeting of the Lancashire and Cheshire Branch was held at Burnley on June 27th, with the president, Dr. Ernest Lewis, in the chair. Before the meeting the Mayor of Burnley held a reception in the Town Hall, and then the Burnley Division entertained to lunch about 100 members in the Mechanics' Institute. Mr. Alexander Callam, D.S.O., chairman of the Division, presided, and welcomed the Mayor, who in reply said that it gave him very great pleasure to welcome the Branch to the old town of Burnley, the home for many years of the illustrious Sir James Mackenzie.

At the annual meeting of the Branch the following officers were elected:

President, Mr. Callam. *Vice-Presidents*, Drs. H. Armstrong and A. R. McWhinney. *Honorary Secretary and Treasurer*, Mr. R. L. Newell.

After formal business had been transacted Dr. Lewis introduced Mr. Callam as president of the Branch for the forthcoming year. Mr. Callam's presidential address on "Obstetrics, Ancient and Modern" proved to be exceptionally interesting.

Dr. Arnold Gregory gave a short discourse on "The Medical Charities." He explained what the medical charities were, and gave a few illustrations of the good work they were doing. He said that Lancashire and Cheshire had not responded to the appeals of these charities as well as he would like, and he hoped there would be an increased response in the future. Members subsequently visited places of interest in the town or entered for a competition at the Nelson Golf Club. Tea was provided by the president and Mrs. Callam at their home, Monkholme, Reedley, Burnley.

LANCASHIRE AND CHESHIRE BRANCH: MID-CHESHIRE DIVISION

A special meeting of the Mid-Cheshire Division was held at Altrincham Hospital on June 25th, when Dr. C. E. JENKINS was in the chair.

Dr. R. REID DUNCAN agreed to act temporarily as the honorary secretary of the Division. The meeting considered the question of medical practitioners circularizing their own patients. After a discussion it was agreed that there was no objection to this procedure.

The secretary was instructed to communicate with Headquarters regarding the fees payable by the Manchester Unity of Oddfellows (Juvenile Branch) for its members at Knutsford. The meeting reaffirmed its decision that 10s. per head per annum should be the minimum fee.

LINCOLNSHIRE BRANCH

The annual general meeting of the Lincolnshire Branch was held at Spalding on June 20th, when Dr. J. WILLIAMSON was in the chair. After reviewing the work of the past year Dr. Williamson invested Dr. J. RAMSAY MUNRO as president for the coming year. Dr. Munro, who had previously entertained some twenty members to lunch, then delivered his presidential address, his subject being a tour of the Tenby district of South Wales. The address was illustrated by lantern slides.

Votes of thanks were accorded Dr. Williamson, Dr. Munro, the Spalding Gentlemen's Society for the use of a room, and the secretary.

Other officers were elected as follows:

President, Dr. Munro. *Vice-President*, Dr. Williamson. *President-elect*, Dr. F. P. H. Birtwhistle. *Honorary Secretary and Treasurer*, Dr. H. W. Vaughan.

NORFOLK BRANCH: WEST NORFOLK DIVISION

The annual meeting of the West Norfolk Division was held at King's Lynn on June 27th, when it was unanimously decided to accept the proposed scheme of the Norfolk County Council for ante-natal examinations in midwives' cases.

The following officers were elected for the coming year:

Chairman, Dr. E. Holmes Watkins. *Vice-Chairman*, Dr. P. Marshall. *Honorary Secretary and Treasurer*, Mr. J. Lewin.

After the meeting the members were entertained to luncheon by the retiring chairman, Dr. A. B. DUMMERE, to whom the thanks of the Division were conveyed by Dr. B. E. TENISON MOSSE.

Correspondence

CONSULTANTS AND THE CONTRIBUTORY SCHEMES

SIR,—As a consultant practising in a district in which the contributory system is already pretty well developed I feel it incumbent upon me to warn my colleagues in those districts where this system has either not begun or has not yet displayed the cloven hoof.

We are induced to consent to this method of raising money for the hospitals by the promise that we can only thus save the voluntary hospital system from extinction. Let us see what actually happens: the scheme is thrown open to all whose personal income is under £350 a year irrespective of whether this is derived from precariously earned fees, wages, fixed salary with a pension, or from the interest on, say, £12,000 of 3½ per cent. stock or even £75,000 on deposit at the bank. It is obvious that such a category as this must include many people who would ordinarily consult a specialist privately. I estimate that in this district the proportion of private consulting practice lost in this way varies between 10 per cent. for a physician and 25 per cent. for a surgeon. The consultants in this county, for example, are losing private practice to the tune of at least £20,000 a year. This is rather more than the yield to the hospitals of the local provident schemes.

I do not think the consultants would mind paying for the hospitals out of their own pockets quite so much (some years ago the wives of the honorary staff were invited to subscribe £200 between them to buy goods that were sold at the hospital bazaar for about £180—and not a murmur was heard) if it did the hospital some good. After all, the hospital plays a large part in our professional life, and an efficient hospital at which one can get down to some really good and satisfactory work is ample compensation for what Sir Thomas Browne called the "fruitless importunity of uroscopy."

But what happens is this: the contributory scheme, so far from covering the cost of treatment and paying towards improvements and extensions, fails to pay more than about 60 per cent. towards the mere in-patient maintenance of its members. The balance of the cost of treating these people presumably comes out of the charitable gifts of voluntary subscribers. The boards of management will not, no doubt cannot, dictate to the organizers of the contributory schemes for fear of the complete withdrawal of their support, which may now amount to as much as 25 per cent. of their gross income. With the best intentions in the world, no doubt, they have betrayed both their best friends—the charitable subscriber and the honorary staff. The hospitals remain much as they were, only they are bigger; more work therefore to do and under the same difficult conditions as before.

Of course we have the remedy in our own hands—we are under no obligation to attend any but the sick poor. In using it we are certain to incur the enmity of our boards of management and a fiercely hostile campaign of misrepresentation which inevitably will be the reaction of the lay press. Many will shirk their duty for these reasons, or because they are near the age for retirement. The medical profession is notoriously incapable of uniting against a common foe. What will happen if we let things slide? The increasing waiting-lists, which include many of the genuine poor for whom the hospitals were intended and for whom the existing accommodation is probably ample (in this particular example the waiting-list equals 75 per cent. of the total accommodation), will justify municipal authorities developing their own hospitals under the 1929 Act. They will almost certainly employ a full-time staff, including specialists of all kinds whose services will be available to everybody, either free or at prices substantially below ordinary consulting fees. This has actually happened already, and it may become general within a few years. The contributory scheme, to all appearance so praiseworthy and innocent, is in fact the thin end of the wedge which is going to split the financial foundations of consulting practice and ultimately to destroy one of the most fertile sources of scientific progress in medicine.—I am, etc.,

Hove, Aug. 9th. J. H. TWISTON DAVIES.

FEES UNDER THE ROAD TRAFFIC ACT

SIR,—The intention of the Minister that, in view of the fees payable under the Road Traffic Act, panel doctors shall no longer be paid emergency treatment fees under the National Health Insurance Acts in respect of motor accidents is, you tell us (*Supplement*, August 10th, p. 97), to be embodied at an early date in an alteration of the Terms of Service.

If the statement express the whole intention there will be cases, not numerous, perhaps, but only too common in some village and country practices, where the effect of the change will be inequitable. A glance at fundamentals will disclose the unsoundness of the proposal. Whenever treatment of a kind that can be given by a general practitioner is needed by an insured person, he has a right to it. Midwifery is the one exception; but for that the doctor's contract covers the whole. But now comes a new Act of Parliament recognizing that the present frequency of road traffic accidents is a new thing. Under this Act the panel doctor gets 12s. 6d. per accident case whether he is already under contract to treat the patient or not.

A doctor, in treating one of his own patients, will be better off by 12s. 6d.—as the Act intended. If the anticipation of the forthcoming change prove true, a panel doctor who in emergency treats another's patient will sometimes be much worse off. He is under contract to treat these emergency patients—true; but a contract implies a "consideration." What is the consideration in these cases? It has been hitherto a payment proportionate to the service rendered, evaluated by the Panel Committee. What is now proposed is that this "consideration" should be abolished. The obligation will remain, but there will be no *quid pro quo* deriving from the national health insurance system at all.

The matter is of practical importance in country places, especially on busy roads. The doctor called to a grave

accident renders first aid preparatory to transport and then supervises the removal. The emergency treatment of the Road Traffic Act cannot be an enduring responsibility ; it must end somewhere—perhaps as a rule in such a case when the patient is prepared for transport. But the emergency treatment of the National Health Insurance Acts does not end there. The responsibility for it continues (at any rate in the allocation and distribution schemes approved by the Ministry for Cheshire) throughout twenty-four hours if the patient has to be detained. The doctor's surgery or the cottage hospital is generally the only available harbour. After the twenty-four hours the patient (in the Cheshire system and no doubt in others) becomes a temporary resident. The fee allotted by the Panel Committee for the treatment till then is on the adequate scale set out in the scheme. For a big job like a compound fracture of the thigh six guineas or more is not uncommon. By the interim system now in vogue (approved by the Ministry) 12s. 6d. is deducted from the fee allotted to road accident cases if the Road Traffic Act fee has been claimed. This automatically wipes out the double payment in the smaller cases, while in the larger it allows a fee adequate without profusion.—I am, etc.,

LIONEL JAMES PICTON.

Holmes Chapel, Aug. 11th.

THE D.M.S., ROYAL AIR FORCE

SIR,—Will you be good enough to allow me to correct a statement I made in my speech before the Representative Body on July 22nd? In my observation on the failure of the Air Ministry to promote the Director of Medical Services on his appointment to that office I said:

"In the Royal Air Force it has usually been the custom for the selected officer to continue to serve for a considerable time in the rank he held before appointment. I do not think he suffers any pecuniary loss because he is paid as a Director ; but I do think that the head of a Service so important should be given the more important rank to which his position entitles him."

I have since learned that the scale of payment I had in mind has been done away with, and by not receiving promotion the Director of Medical Services loses the sum of £166 5s. per annum and the opportunity of holding the more senior rank on full pay for as long as he would have done had he been promoted on appointment.—I am, etc.,

H. M. STANLEY TURNER, Wing Commander,
Air Member of the Naval and Military
Committee, B.M.A.

August 10th.

Naval and Military Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Captain K. H. Hole, O.B.E., to the *Drake*, for Royal Naval Barracks.

Surgeon Commander C. H. Savory to the *Pembroke*, for Royal Naval Barracks.

Surgeon Lieutenant Commander V. G. Horan to the *President*, for course.

Surgeon Lieutenants D. W. Pratt to the *Weston* ; G. D. Wedd to the *Victory*, for Haslar Hospital.

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenant A. S. Pearson to the *Victory*, for Royal Naval Barracks.

Surgeon Sublieutenant D. Shute to be Surgeon Lieutenant.

ROYAL ARMY MEDICAL CORPS

Major H. G. Hobson, O.B.E., M.C., has retired on retired pay.

ROYAL AIR FORCE MEDICAL SERVICE

Wing Commander W. E. Hodgins to Home Aircraft Depot, Henlow, for duty as Medical Officer.

Flight Lieutenant G. E. Church to be Squadron Leader.

Flight Lieutenants F. W. P. Dixon, M.B.E., to R.A.F. Depot, Uxbridge ; R. G. Freeman to R.A.F. Hospital, Cranwell ; H. J. Melville to R.A.F. Station, Boscombe Down ; V. H. Tompkins to No. 20 (Army Co-operation) Squadron, Peshawar, India.

REGULAR ARMY RESERVE OF OFFICERS

Colonel B. F. Wingate, D.S.O., late R.A.M.C., having attained the age limit of liability to recall, ceases to belong to the Reserve of Officers.

ROYAL ARMY MEDICAL CORPS

Lieut.-Col. R. J. C. Thompson, C.M.G., D.S.O., having attained the age limit of liability to recall, ceases to belong to the Reserve of Officers.

Majors A. W. Howlett and H. T. Stack, O.B.E., having attained the age limit of liability to recall, cease to belong to the Reserve of Officers.

Captain H. L. Oldershaw has resigned his commission.

SUPPLEMENTARY RESERVE OF OFFICERS

ROYAL ARMY MEDICAL CORPS

Lieutenant F. H. Williams to be Captain.

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

Captains A. M. Robertson and E. W. Ashworth to be Majors.

G. Garrett, late Officer Cadet, Liverpool University Contingent, Senior Division, O.T.C., to be Lieutenant.

TERRITORIAL ARMY RESERVE OF OFFICERS: ROYAL ARMY MEDICAL CORPS

Major W. Simpson, from active list, to be Major.

INDIAN MEDICAL SERVICE

Colonel A. W. M. Harvey to be Officiating Deputy Director, Medical Services, Northern Command, vice Major-General T. G. F. Paterson, D.S.O., on leave pending retirement.

Colonel E. W. C. Bradfield, C.I.E., O.B.E., Assistant Director of Medical Services, Peshawar District, has been appointed to officiate as Surgeon-General with the Government of Bombay as from June 25th, vice Major-General H. R. Nutt, granted leave preparatory to retirement.

Lieut.-Cols. R. H. Lee and W. J. Simpson have retired from the Service.

Lieut.-Col. J. B. Hanafin, C.I.E., has been appointed to officiate as Civil Administrative Medical Officer and Port Health Officer, Aden, vice Lieut.-Col. E. S. Phipson, C.I.E., D.S.O., granted leave.

Lieut.-Cols. N. S. Sodhi, M.C., Officiating Inspector-General of Civil Hospitals, Burma, and P. S. Mills, Officiating Inspector-General of Civil Hospitals, Bihar and Orissa, have been duly nominated by the Governments of Burma and Bihar and Orissa respectively under Clause (*a*) of Subsection (i) of Section 3 of the Indian Medical Council Act, 1933 (XXVII of 1933), as members of the Medical Council of India, vice Lieut.-Col. P. K. Tarapore, resigned, and Colonel H. C. Buckley, resigned, respectively.

Majors E. Cotter and J. M. Shah, M.B.E., to be Lieut.-Colonels.

The services of Major R. C. Wats, an officer of the Medical Research Department, have been placed temporarily at the disposal of the Government of Bombay for appointment as Officiating Assistant Director, Haffkine Institute, Bombay.

Major W. D. B. Read has been appointed to the Medical Research Department on probation for two years and placed on foreign service under the Indian Research Fund Association.

Captains M. S. Gupta (Brevet Major), S. P. Joshi, R. Linton, H. W. Mulligan, E. G. Hurd-Wood, and A. Tait to be Majors (provisional).

The services of Captain P. Shannon have been placed temporarily at the disposal of the Government of the United Provinces as from May 4th.

Captains M. Jafar and J. R. Dogra have been appointed to the Medical Research Department on probation for two years and placed on foreign service under the Indian Research Fund Association.

The services of Captain C. F. J. Cropper have been placed temporarily at the disposal of the Government of Burma as from June 19th.

Captain K. C. Virmani has relinquished his temporary commission.

The appointment of Lieutenant (now Captain) T. K. White has been confirmed, February 5th, 1934, with seniority February 5th, 1933.

Lieutenants J. Edis-Myers, T. K. White, R. de Soldenhoff, C. J. Hassett, R. R. Prosser, E. Parry, W. G. Kennedy, P. I. Franks, and B. F. B. Russell to be Captains.

Lieutenants (on probation) J. Brebner, W. J. Virgin, H. W. G. Staunton, J. D. Gray, D. W. Taylor, P. H. Addison, and C. B. Miller to be Captains (on probation).

The seniorities of Lieutenants (on probation) J. Duffy and K. Cunningham have been antedated to April 23rd, 1934.

Dr. M. B. Soparkar, an officer of the Medical Research Department, has been placed on foreign service under the Indian Research Fund Association.

COLONIAL MEDICAL SERVICES

The following appointments are announced: A. C. de B. Helme, M.B., B.Ch., Medical Officer, Tanganyika ; D. E. C. Mekie, M.B., Ch.B., Medical Officer, Malaya ; D. W. A. M. Degazon, M.B., B.S., Assistant Medical Officer, British Honduras ; C. E. E. Stevens, M.B., Ch.B., B.A.O., Medical Officer, Leeward Islands ; H. P. Fowler, M.B., Ch.B., D.P.H., Senior Health Officer, Gold Coast ; P. E. M. Lanier, M.D., Senior Medical Officer, Seychelles ; S. M. Vassallo, M.D., F.R.C.S., D.T.M. and H., Senior Specialist Officer, Zanzibar ; S. F. Chellappah, M.R.C.S., L.R.C.P., D.P.H., Assistant Director of Sanitary Services, Ceylon.

British Medical Association

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IRISH MEDICAL SECRETARY: 18, Kildare Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 62550 Dublin.)

VACANCIES

All advertisements should be addressed to the Financial Secretary and Business Manager and NOT *to the Editor.*

ASHFORD HOSPITAL, Kent.—H.S. (male, unmarried). Salary £150 p.a.

BARNSLEY COUNTY BOROUGH.—Whole-time M.O.H. and School M.O. Salary £900 p.a.

BELFAST: ROYAL MATERNITY HOSPITAL.—(1) R.H.S. in charge of Rea Block (Isolation). (2) R.H.S. Salaries £100 p.a. and £52 p.a., respectively.

BIRKENHEAD COUNTY BOROUGH.—(1) Senior R.M.O. and (2) R.M.O. at Birkenhead Municipal Hospital. Males, unmarried. Salaries £350-£25-£450 p.a. and £300 p.a., respectively.

BIRMINGHAM CITY.—J.R.M.O. (male, unmarried) at Little Bromwich Hospital for Infectious Diseases. Salary £300 p.a.

BIRMINGHAM CITY EDUCATION COMMITTEE.—Assistant School M.O. (female). Salary £500-£25-£700.

BIRMINGHAM AND MIDLAND HOSPITAL FOR WOMEN.—H.S. Salary £100 p.a.

BOARD OF CONTROL, Tothill Street, S.W.—(1) Deputy Medical Superintendent, and (2) M.O. at Rampton State Institution for Mental Defectives, near Retford, Notts. Salaries £847-£955 p.a. and £515-£738 p.a., respectively.

BOLTON ROYAL INFIRMARY.—H.S. Salary £125 p.a.

BOOTLE GENERAL HOSPITAL.—H.S. to Orthopaedic, Gynaecological, Ear, Nose, and Throat Departments. Salary £150 p.a.

BRADFORD: ROYAL EYE AND EAR HOSPITAL.—H.S. (male). Salary £160 p.a.

BURTON-ON-TRENT GENERAL INFIRMARY.—H.S. (male). Salary £150 p.a.

CARDIFF CITY.—J.R.M.O. at Llandough Hospital, Penarth. Salary £100 p.a.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Judd Street, W.C.—(1) Senior H.S. (2) J.H.S. Salaries £120 p.a. and £100 p.a., respectively.

COVENTRY AND WARWICKSHIRE HOSPITAL.—R.S.O. (male). Salary £200-£250 p.a.

DEWSBURY AND DISTRICT GENERAL INFIRMARY.—Senior H.S. (male). Salary £200 p.a.

DONCASTER ROYAL INFIRMARY.—H.S. (male) to the Eye and Ear, Nose, and Throat Departments. Salary £175 p.a.

DUMFRIES AND GALLOWAY ROYAL INFIRMARY.—Superintendent. Salary £500 p.a.

EAST HAM MEMORIAL HOSPITAL, Shrewsbury Road, E.—Half-time Pathologist. Salary £300 p.a.

EDINBURGH: ELSIE INGLIS MEMORIAL MATERNITY HOSPITAL.—J.H.S. (female). Honorarium £30 p.a.

HULL ROYAL INFIRMARY.—Third H.S. (male). Salary £150 p.a.

ISLE OF WIGHT: ROYAL NATIONAL HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Ventnor.—J.R.A.M.O. (male, unmarried). Salary £300 p.a.

KINGSTON-UPON-HULL, CITY AND COUNTY OF.—A.M.O. (male) at Anlaby Road Institution. Salary £350 p.a.

LANCASHIRE COUNTY COUNCIL.—J.R.M.O. (male, unmarried) at Park Hospital, Davyhulme, near Manchester. Salary £200 p.a.

LEAMINGTON SPA: WARNEFORD GENERAL HOSPITAL.—R.H.S. (male, unmarried) to Casualty and Special Departments (combined post). Salary £150 p.a.

LEICESTER: CITY MENTAL HOSPITAL, Humberstone.—Third A.R.M.O. (male, unmarried). Salary £350-£25-£450.

LINCOLN: THE LAWN.—A.M.O. (female). Salary £300 p.a.

LIVERPOOL CITY.—(1) R.A.M.O. (male) for Orthopaedic Wards at Alder Hey Hospital. (2) A.R.M.O. for City Infectious Diseases Hospitals. Salaries £200 p.a. each.

LIVERPOOL HEART HOSPITAL.—H.P. Salary £100 p.a.

LONDON HOMOEOPATHIC HOSPITAL, Great Ormond Street, W.C.—Gynaecological H.S. Salary £100 p.a.

LOWESTOFT AND NORTH SUFFOLK HOSPITAL.—J.H.S. (male). Salary £120 p.a.

MACCLESFIELD GENERAL INFIRMARY.—Second H.S. Salary £150 p.a.

MANCHESTER EAR HOSPITAL.—Non-resident H.S. Salary £150 p.a.

MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT AND CHEST.—R.M.O. (male) for Ear, Nose, and Throat Department, St. Anne's Home, Bowdon, Cheshire. Salary £200 p.a.

MERTON, S.W.: NELSON HOSPITAL.—Two R.H.S. (male, unmarried). Salaries £100 p.a. each.

MEXBOROUGH: MONTAGU HOSPITAL.—Senior H.S. (female). Salary £120 p.a.

MIDDLESBROUGH: NORTH RIDING INFIRMARY.—Third H.S. (male, unmarried). Salary £125 p.a.

MILLER GENERAL HOSPITAL, Greenwich Road, S.E.—(1) H.P. (2) H.S. (3) Two Part-time C.O. (non-resident). Males, unmarried. Salaries (1) and (2) £100 p.a. and (3) £150 p.a.

NEWCASTLE-UPON-TYNE: HOSPITAL FOR SICK CHILDREN.—(1) H.P. (2) H.S. Salaries £100 p.a. each.

NORTHAMPTON GENERAL HOSPITAL.—H.S. (male). Salary £150 p.a.

NORWICH: JENNY LIND HOSPITAL FOR CHILDREN.—R.M.O. Salary £120 p.a.

NORWICH: NORFOLK MENTAL HOSPITAL.—A.M.O. Salary £350-£25-£450 p.a.

NORWICH: NORFOLK AND NORWICH HOSPITAL.—C.O. (male). Salary £120 p.a.

NOTTINGHAM: GENERAL HOSPITAL.—H.S. for Ear, Nose, and Throat Department. Salary £150 p.a.

OXFORD: RADCLIFFE INFIRMARY AND COUNTY HOSPITAL.—(1) H.P. (2) Obstetric H.P. (3) H.S. to Ear, Nose, and Throat Department. (4) Two H.S. Males. Salaries £120 p.a. each.

PETERBOROUGH AND DISTRICT MEMORIAL HOSPITAL.—Non-resident Pathologist. Salary £500 p.a.

PLYMOUTH CITY.—(1) A.M.O. and (2) J.A.M.O. at City General Hospital. Salaries £300 p.a. and £250 p.a., respectively.

PLYMOUTH: PRINCE OF WALES'S HOSPITAL.—H.P. Salary £120 p.a.

POOLE: CORNELIA AND EAST DORSET HOSPITAL.—H.P. (male, unmarried). Salary £100 p.a.

PORTSMOUTH: ROYAL PORTSMOUTH HOSPITAL.—H.P. (male). Salary £130 p.a.

PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY.—H.S. Salary £150 p.a.

PRINCE OF WALES'S GENERAL HOSPITAL, Tottenham, N.—(1) Hon. Surgical Registrar to Ear, Nose, and Throat Department. Honorarium £100 p.a. (2) J.H.P. (3) Two J.H.S. Males, unmarried. Salaries £90 p.a. each.

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN, St. Quintin Avenue, W.—H.P. Salary £100 p.a.

READING COUNTY BOROUGH.—R.A.M.O. (male, unmarried) at Battle Hospital. Salary £300 p.a.

ROTHERHAM COUNTY BOROUGH.—Senior School M.O. Salary £750-£937 10s.

ROTHERHAM HOSPITAL.—C.H.S. (male). Salary £150 p.a.

ROYAL CHEST HOSPITAL, City Road, E.C.—Medical Registrar. Honorarium £50 p.a.

ROYAL EYE HOSPITAL, St. George's Circus, S.E.—(1) H.S. (2) Assistant H.S. Salaries £150 p.a. and £100 p.a., respectively.

RUGBY: HOSPITAL OF ST. CROSS.—Third R.M.O. (male). Salary £100 p.a.

ST. HELENS COUNTY BOROUGH.—Assistant M.O.H. (male). Salary £500-£25-£700 p.a.

ST. PAUL'S HOSPITAL FOR DISEASES OF THE SKIN, Endell Street, W.C.—Part-time Pathologist.

SHEFFIELD ROYAL HOSPITAL.—(1) Two Assistant C.O. (2) Resident Anaesthetist. Salaries £80-£100 p.a. each.

SHEFFIELD: ROYAL INFIRMARY.—Second Assistant C.O. Salary £80-£100 p.a.

SOUTH-EASTERN HOSPITAL FOR CHILDREN, Sydenham, S.E.—(1) Two R.M.O. Honorarium £100 p.a. each. (2) Hon. Pathologist. Honorarium £50 p.a.

SURREY COUNTY COUNCIL.—R.A.M.O. at (*a*) Epsom County Hospital and (*b*) Warren Road Hospital, Guildford. Salaries £250 p.a. each.

WEIR HOSPITAL, Balham, S.W.—(1) Senior R.M.O. (male, unmarried). (2) J.R.M.O. Salaries £200 p.a. and £150 p.a., respectively.

WEST LONDON HOSPITAL, Hammersmith, W.—(1) H.P. (2) H.S. for General and Genito-Urinary Department. (3) H.S. for Throat, Nose, and Ear Department. Males. Salaries £100 p.a. each.

WHITEHAVEN AND WEST CUMBERLAND HOSPITAL.—Two H.S. Salaries £150 p.a. each.

WIMBLEDON HOSPITAL, Thurstan Road, S.W.—R.M.O. (male). Salary £150 p.a.

WOLVERHAMPTON: ROYAL HOSPITAL.—H.S. (unmarried) for Fracture and Orthopaedic Department. Salary £100 p.a.

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL, Shooters Hill, S.E.—R.M.O. (male). Salary £175 p.a.

CERTIFYING FACTORY SURGEON.—The appointment at Wigston (Leicestershire) is vacant. Applications to the Chief Inspector of Factories, Home Office, Whitehall, S.W.1, by August 27th.

APPOINTMENTS

LONDON COUNTY COUNCIL.—The following appointments have been made at the hospitals indicated in parentheses: *Medical Superintendents:* W. J. Gill, M.D., F.R.C.S. (Paddington); N. S. Craig, M.D., Ch.B., D.P.H. (St. Peter's).

CERTIFYING FACTORY SURGEONS.—R. A. F. Creet, M.R.C.S., L.R.C.P., for the Ripley District (Surrey); D. L. Frew, M.B., Ch.B.Ed., for the Greenlaw District (Berwickshire).

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

BIRTHS

COLLINS.—On July 27th, 1935, at 275, Ashby Road, Scunthorpe, Lincs, to Betty (née Coffey), wife of Dr. H. B. Collins, a son.

MALKIN.—On August 4th, 1935, at 26, The Ropewalk, Nottingham, to Joyce (née Bearder) and Harold Jordan Malkin, a daughter.

MARRIAGE

PARFIT—BROWNE.—On July 29th, at St. Andrew's Church, Oxford, Norman Parfit, B.M., B.Ch.Oxon, D.T.M.Calcutta, D.P.H.Lond., to E. Jessie R. Browne, M.D., B.S.Lond.

DEATH

SHAW.—On July 18th, at a nursing home in Inverness, John Shaw, M.B., Ch.B., of Wingate, Grantown-on-Spey, Scotland, formerly of 93, Denmark Hill, London, S.E.5, aged 57.

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